

Under the Paperwork Reduction Act of 1995, no persons are required to respond

Application or Docket Number

Substitute for Form PTO-875

APPLICATION AS FILED - PART I

(Column 1).

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(f))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(f))		

RATE (\$)	FEE (\$)
X =	
X =	
TOTAL	

RATE (\$)		FEE (\$)
X	=	
X	=	
TOTAL		

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

AMENDMENT	
	Total (37 CFR 1.16(i))
	Independent (37 CFR 1.16(h))
	Application S

(Column 1)

(Column 2)

(Column 3)

		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(f))	*	32	Minus	** 32	= -
Independent (37 CFR 1.16(h))	*	6	Minus	*** 6	= -
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(g))					

SMALL ENTITY

- OR

OTHER THAN
SMALL ENTITY

RATE (\$)	ADDITIONAL FEE (\$)
x 25 =	
x 100 =	
TOTAL ADD'L FEE	

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	
x 200 =	
TOTAL ADD'L FEE	

AMENDMENT B

(Column 1)

(Column 2)

(Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(i))	*	Minus	**	=
Independent (37 CFR 1.16(h))	*	Minus	***	=

Application Size Fee (37 CFR 1.16(s))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADD'L FEE		

RATE (\$)		ADDITIONAL FEE (\$)
X	11	
X	11	
TOTAL ADD'L FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Received" is 14, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

USPTO **CONFIDENTIAL** **DO NOT** **SEND** **FEES** **OR** **COMPLETED** **FORMS** **TO** **THIS** **ADDRESS.** **SEND** **TO:** **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2